

## **FY2011 Minimum Standards for all HCP Regional Offices**

**Fiscal Year 2011 (October 1, 2010 – September 30, 2011)**

**Revised 11/30/10**

### **#1 Develop, implement and evaluate a regional MCH/HCP Operational Plan and submit required reporting according to MCH Guidelines.**

**Rationale:** MCH Planning and Reporting requirements are located in the MCH Guidelines. The three year operational planning was implemented by state MCH/HCP in 2008 to replace previous planning and reporting processes. State MCH Generalist Consultants act as the main agency contact for the MCH planning process. HCP provides planning guidance each year for agencies completing the 3 year planning process. HCP Planning Guidance is coordinated with HCP Contract Statement of Work, HCP Policy and Guidelines and HCP Minimum Standards.

#### **References and Location of Documents:**

[MCH Guidelines for Group 1, 2 and 3, Local Agency Planning and Reporting](#)

HCP Guidance for MCH/HCP Operational Plans (Group 1) – Document will be available at the MCH Training, March 2011 for Group 1, FY12 MCH/HCP Planning.

### **#2 Provide HCP Care Coordination (Level I and II) according to the HCP Care Coordination Policy and Guidelines for CSHCN residing in county (ies) that the agency is contracted to serve.**

**Rationale:** Care Coordination is one of the two core HCP program strategies. HCP provides care coordination when families with CSHCN request care coordination, HCP receives a request for HCP Care Coordination and/or the family and care coordinator determine together that care coordination is needed. Regional Offices determine if they have the capacity to provide Level III HCP Care Coordination. HCP Care Coordinators determine the appropriate length of time for care coordination, number of visits needed and date of case closure with the family.

#### **References and Location of Documents:**

[MCH Medical Home Action Guide](#)

[HCP Care Coordination Policy and Guidelines](#)[HCP Care Coordination Forms,](#)

[HCP Care Coordination Training Modules](#)

### **#3 Document HCP Care Coordination in CHIRP database according to the HCP Care Coordination Policy and Guidelines, CHIRP User Manual, and HCP CHIRP Training with implementation of web based CHIRP.**

**Rationale:** Documentation of HCP Care Coordination provides summary data to inform state HCP and local HCP agencies about the care coordination services provided. The current CHIRP database provides summary demographic data, numbers served, insurance types, services, concerns and CRCSN follow-up results. CHIRP training for the new web based database will emphasize outcome data with documentation of care coordination intake questions, assessment, interventions, discharge questions and annual determination of levels. New charting policy and guidelines in 2010 will meet minimum necessary standards for CHIRP documentation.

#### **References and Location of Documents:**

[HCP CHIRP User Manual](#)

HCP CHIRP Security Policy and Guidelines

**#4 Provide Follow-up for electronic CRCSN Notifications with a minimum of two (2) contacts CHIRP documentation of contacts , and CRCSN Reply completed in CHIRP within ninety (90) days. Follow-up and documentation are completed according to CRCSN Policy and Guidelines.**

**Rationale:** Colorado Responds to Children with Special Needs (CRCSN) at CDPHE provides names of CSHCN to HCP for community follow-up to identify children who may not be connected with needed resources, health care and family supports. Hospital discharge data is used by CRCSN to provide monthly electronic notifications in HCP CHIRP for local public health follow-up. Communication efforts and results of contact are documented in CHIRP.

**References and Location of Documents:**

[CRCSN Policy and Guidelines](#)

**5. Include objectives and activities in the regional MCH Operational Plan for collaboration with community partners to identify community resources, identify barriers, gaps and duplication in services and in partnership determine ways to make services and referrals easier to use for families with CSHCN.**

**Rationale:** Community collaboration and systems building is one of two HCP's Core Strategies. Collaboration and systems work helps to identify barriers and gaps and improves community services and supports so they are easy for families to use. Systems work benefits all children with special health care needs from birth – 21 compared with serving individual children with HCP Care Coordination. The HCP Regional Office reviews data, writes a needs statement, objectives and activities for the MCH Operational Plan to address barriers and gaps in regional systems for CSHCN. The Regional Office determines their program capacity for the amount of community collaboration that is included in the regional MCH Operational Plan.

**References and Location of Documents:**

[MCH Medical Home Action Guide](#)

[MCH Data Sets](#)

[CSHCN Data Sets](#)

**#6 The HCP Team Leader or an agency representative shall attend at least 90%of the HCP Regional Office Conference Calls; one (1) State HCP Fall Team Leader Meeting; one State HCP Spring Meeting; one (1) State Systems Training; one (1) State Care Coordination Training and one (1) State web based CHIRP training.**

**Rationale:** HCP is a large state network with contracted staff in every county of Colorado. Traveling to meetings in Denver is very time consuming and costly for local contractors thus the monthly Regional Office Conference Calls provide an opportunity for consistent communication between state staff and regional staff for program updates and to achieve a common understanding of program components. The Annual Fall HCP Team Leader Meeting is a required "working meeting" between state and local leadership staff to have quality face-to-face time together for networking, discussion and specific projects. The Annual HCP Spring Meeting provides an opportunity for networking and continuing education for multiple state and local HCP staff. Attendance at the Annual HCP Spring Meeting is optional except is is a requirement for HCP Team Leaders. State HCP welcomes all local staff to attend if possible based on local agency travel approval. Local contractors pay all travel expenses based on the agency's MCH/HCP Budget as described in the Budget Narrative for the MCH/HCP Operational Plan each contract year. Required meetings and trainings are documented in the Contract Statement of Work, HCP Minimum Standards and HCP Planning Guidance so agencies have prior notice for planning. State training is provided with webinars, conference calls, online modules and/or at the Fall and Spring HCP Meetings. State Systems Training is new training for FY11 and will consist of systems

theory and concepts from current literature, data to help with local planning, outcome measurement and evaluation.

**References and Location of Documents:**

[MCH/HCP Contract Statement of Work for FY11](#)

**#7 Complete the HCP Annual Performance Measure Report to report regional family participation activities for FY09 by December 15, 2010.**

**Rationale:** Using youth with special health care needs and/or family members and parents with CSHCN to help inform services provided for this population is a best practice. Family participation is one of the MCH Performance Measures: “Families will partner in decision-making at all levels and will be satisfied with the services they receive.”

Minimum Standards for FY11 are limited to completing the HCP Annual Performance Measure Report to share regional family participation activities. State HCP will not be providing “regional scoring” or including “regional scoring” in the MCH Data Sets during FY11. The HCP Annual Performance Measure Report provides the scope of local family participation activities from all sixteen (16) Regional Offices. State HCP Office uses this information for federal MCH reporting and state planning.

**References and Location of Documents:**

[MCH Medical Home Action Guide](#)

Family Participation Fact Sheet, July, 2010

## **Additional Minimum Standards for Multi-County Regional Offices**

**#8 The HCP Team Leader and/or designated HCP staff in a Multi-county Regional Office shall provide consultation and technical assistance including HCP Orientation for new staff in county Local Health Agencies (LHA) in their region on HCP and TBI Care Coordination, HCP Systems Work and HCP CHIRP documentation for HCP staff.**

**Rationale:** HCP Multi-County Regional Offices receive additional HCP funding for each county included in a region for this minimum standard. State HCP has a contract relationship with rural county Local Health Agencies with limited contact for program activities due to the expectation of the regional office to provide program consultation and technical assistance. Regional Team Leaders provide regional expertise on resources, services and issues that may affect counties within the region i.e. public health insurance, SSI, health care transition and family participation as it relates to CSHCN and regional systems.

**References and Location of Documents:**

[HCP Care Coordination Policy and Guidelines](#)

[HCP Orientation](#)

[HCP CHIRP User Manual](#)

**#9 Provide one (1) HCP Regional Meeting per contract year to include invited HCP staff from all counties within the Region and state MCH/HCP staff.**

**Rationale:** HCP Regional Offices receive additional funding per county within the HCP Region to provide a minimum of one Regional Meeting per contract year. The Regional Meeting can provide an opportunity for networking, training, HCP updates, summary of regional services and clarification of HCP Policy and Guidelines for HCP Care Coordination and Systems Work.

**References and Location of Documents:**

[MCH/HCP Contract Statement of Work for FY11](#)

HCP Minimum Standard for Regional Team Leader Position, (will be available for FY12)

**#10 Notify the State HCP Director of failure or deficiencies in writing if the Multi-County Regional Office staff believes in good faith that HCP services provided by contractors in Local Health Agencies (LHA) within the Region fail to meet the standard for a particular activity or service, or is otherwise deficient.**

**Rationale:** Due to frequent contacts while providing consultation and technical assistance to county Local Health Agencies (LHA), regional staff is often aware of both strengths and challenges county Local Health Agencies (LHA) in the region are experiencing when providing HCP Services. This minimum standard helps alert state HCP of challenges and allows state staff to support both the regional office and the county LHA with state consultation, technical assistance, training and contract discussions as needed.

**References and Location of Documents:**

[HCP Contract Statement of Work, MCH/HCP Contract for FY11](#)

## **Additional Minimum Standards for HCP Regional Offices with HCP Specialty Clinics**

### **#11 Schedule, facilitate and coordinate regional HCP Specialty Clinics according to the HCP Specialty Clinic Policy and Guidelines.**

**Rationale:** The facilitation and support of HCP Specialty Clinics is a local HCP service provided by rural HCP Regional Offices when pediatric specialty care providers are not available in the region. HCP Specialty Clinics support community based services in collaboration with the child's primary care provider. HCP Regional Offices receive funding per clinic as part of the local HCP funding distribution for this minimum standard. Local HCP does not have responsibility for contracting with HCP Clinic Providers as specialty providers are funded through CDPHE state contracts. State HCP Office maintains the current number of HCP Specialty Clinics in the document titled *HCP Specialty Clinic Benchmarks*. Regional Offices work with State HCP Office to review data and assess the number of regional clinics needed.

#### **References and Location:**

[HCP Specialty Clinic Benchmarks](#), [HCP Specialty Clinic Policy and Guidelines](#),  
[HCP Specialty Clinic Provider Handbook](#)

### **#12 Provide pre and post clinic coordination for children seen in clinic, refer for HCP Care Coordination as needed and coordinate providing specialty provider's dictation to the family and the child's primary care provider according to the HCP Specialty Clinic Policy and Guidelines.**

**Rationale:** HCP Clinic Coordination for children attending clinics is provided by the Specialty Clinic Coordinator for pre and post clinic activities. HCP Clinic Coordinators refer families to the child's county of residence for HCP Care Coordination if the family wishes to have on-going care coordination in addition to attending a specialty clinic.

#### **References and Location of Documents:**

[HCP Care Coordination Policy and Guidelines](#), [HCP Specialty Clinic Policy and Guidelines](#)